

Clinical Quality Management (CQM) Report

DHSP CQM PROGRAM UPDATES

The purpose of this newsletter is to provide stakeholders of the DHSP CQM Program with important updates and information regarding the EMA (eligible metropolitan area)-wide Clinical Quality Management (CQM) Program.

Per the federal Health Resources and Services Administration (HRSA) Policy Clarification Notice (PCN) 15-02 (Sept, 2020), all recipients and sub-recipients of Ryan White Program (RWP) funds must have a clinical quality management program that aims to improve the care, health outcomes and satisfaction of persons living with HIV (PLWH). Three required domains create a robust CQM program including: Infrastructure, Performance Measurement, and Quality Improvement.

RYAN WHITE PART B

DHSP continues to contribute to the California Department of Public Health's (CDPH) Office of AIDS (OA), RWP Part B CQM Program through participation in their performance measure data analysis process and the HIV Care Providers capacity building activities. OA also participates and provides routine updates on their CQM Program to the Los Angeles County Regional Quality Group (RQG).



INSIDE THIS ISSUE

Program Updates	1
Part B Program	1
Infrastructure News	2
Performance Measures ..	2
Mission Possible	4
Grievance Management	6
Regional Quality Updates	7
Performance Counts	7
Ending the HIV Epidemic	8

SPECIAL POINTS OF INTEREST

- Updated Performance Measures
- Inside Mission Possible
- The Grievance Program
- Upcoming QI Activities

CQM INFRASTRUCTURE NEWS



CQM Committee – this committee is currently on hold due to DHSP staff COVID-19 reassignments; however, many CQM Program activities have continued. Quarterly meetings of DHSP’s CQM Committee are scheduled to resume via a virtual format in 2021.

CQM Plan – the Plan was recently shared with sub-recipients and is currently undergoing a final review. Stay tuned as the final Plan will be distributed soon and posted to the DHSP website.

CQM Quality Improvement (QI)

Activities - Many QI activities have continued despite the impact of COVID-19 including:

- ◆ **California Regional Group (CARG);**
- ◆ **Los Angeles Regional Quality Group (RQG); and**
- ◆ **Mission Possible (MP), DHSP’s HIV Quality Improvement Learning Collaborative for MCC Teams.**

Despite the impact of COVID-19 on County partners, the DHSP CQM Program aims to continue to support the delivery of responsive, evidence-based, high quality HIV services.

METRICS AND DEFINITIONS

Engagement in Care : ≥ 1 VL, CD4 or genotype test reported in the 12 months prior to the end of the quarter.

Retention in Care : ≥ 2 VL, CD4 or genotype tests (>90 day apart) and reported in the 12 months prior to the end of the quarter.

Viral Load Suppression : VL <200 copies/ml at most recent test reported in the 12 months prior to the end of the quarter.

Durable Viral Load Suppression : VL of < 200 copies/ml for all tests throughout the measurement period.

Periodontal Screening/Treatment: (Oral Health (OH) Only): % clients who had a periodontal screening, or treatment ≥ 1 in the measurement period.

Oral Health Education (OH Only): % clients who received OH education ≥ 1 time in the measurement period.

RWP PERFORMANCE MEASURES—YR. 30 QTR. 1

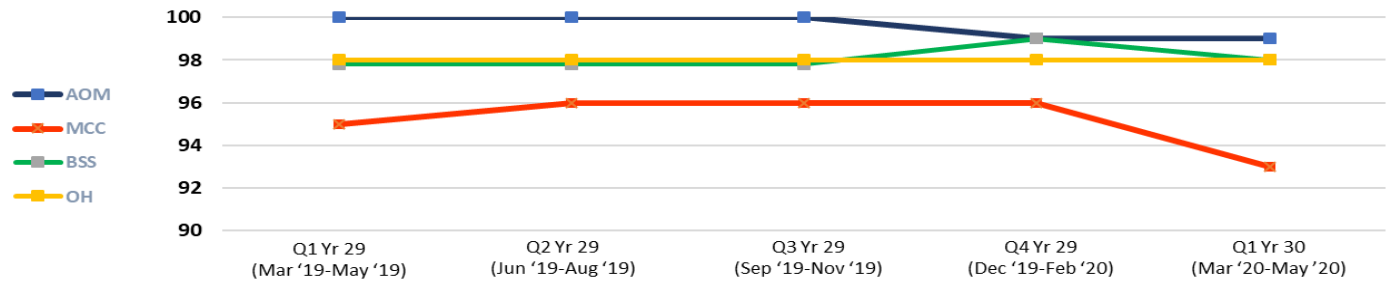
Performance measurement is a vital part of quality improvement and allows DHSP to determine whether the care that clients receive meets or exceeds the desired quality as stipulated in contracts and established by local and national benchmarks. Performance measures provide the data necessary to identify opportunities for improvement and guide progress through tests of change.

As part of the DHSP CQM Program, service-specific performance measures have been developed in alignment with expectations as outlined in HRSA’s PCN 15-02. Selection of these measures was based on the goals and objectives of the Los Angeles County HIV/AIDS Strategy for 2020 and Beyond (LACHAS) in combination with HRSA/HAB recommendations and other local, state and national initiatives including the national Ending the HIV Epidemic (EHE) initiative.

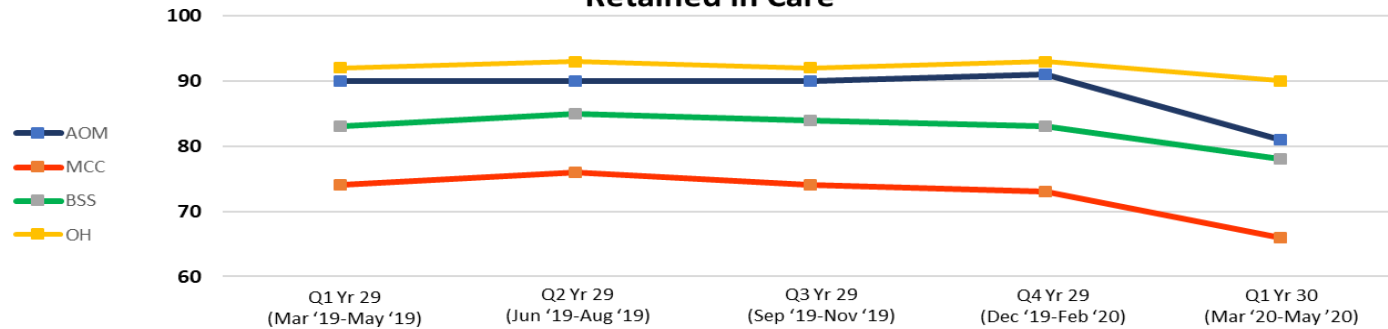
Performance measures are reviewed quarterly by the CQM committee and now as part of this newsletter. DHSP's intention is to share these quarterly measures with stakeholders and consumers and determine the need for service-specific and/or system-wide QI initiatives. Our goal is to also stratify these quarterly reports to better evaluate for disparities and target improvement activities.

CQM PROGRAM QUARTERLY PERFORMANCE MEASURES

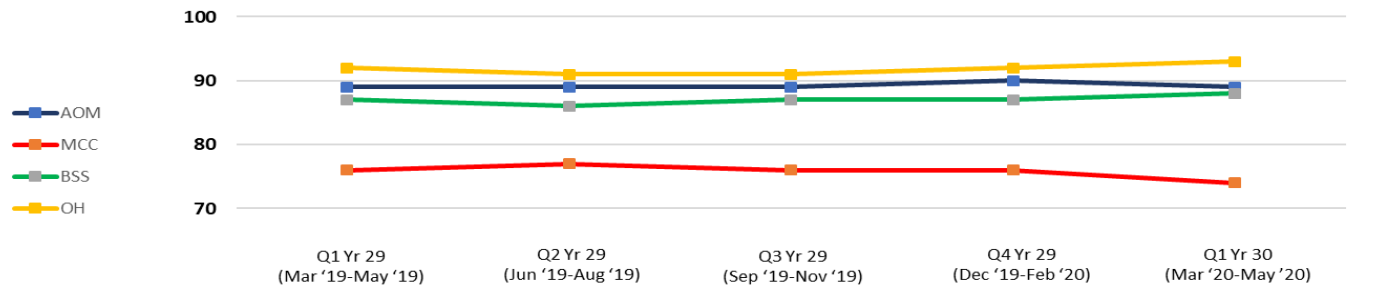
Engaged in Care



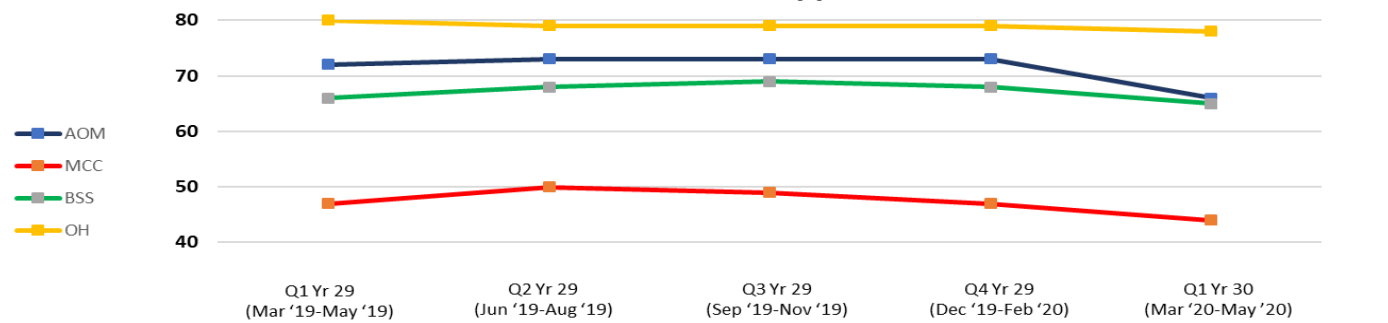
Retained in Care



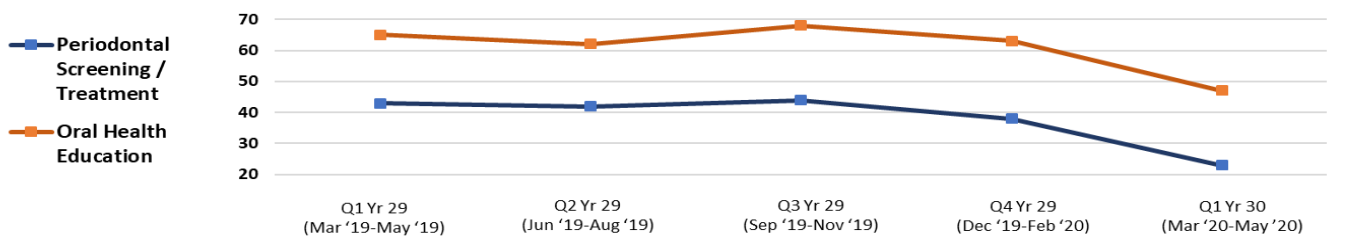
Viral Suppression



Durable Viral Load Suppression



Oral Health Measures



MISSION POSSIBLE: WHAT WAS IT ALL ABOUT?

ABOUT MISSION POSSIBLE

DHSP's QI Collaborative, Mission Possible, was developed to support Medical Care Coordination (MCC) teams in finding new and innovative ways to engage and retain LAC's most vulnerable clients in HIV care. The Collaborative's initial structure consisted of a six-month in-person and on-line collaborative design aimed at improving the MCC team's internal quality improvement capacity to identify and address barriers to care and low viral load suppression rates. However, due to the COVID-19 pandemic, the Mission Possible QI Collaborative quickly pivoted from its original design and focus to respond to the needs of both the MCC teams and PLWH given the global healthcare crisis. The result was a multi-session, virtual learning collaborative aimed at supporting MCC Teams in the transition to tele-health modalities using quality improvement tools and approaches.



◆ **March 27, 2020: Kick-off Meeting, Utilizing Telehealth Modalities to Support MCC Services During COVID-19**

Number of Attendees: 152

An initial session bringing together MCC teams to discuss the transition to tele-health modalities at the beginning of the COVID-19 pandemic and local stay-at-home orders. DHSP shared programmatic updates including a presentation on a new tele-health data collection option built into the CaseWatch system and an introduction to the on-line workspace, Glasscubes. Two agencies (MHF and LA LGBT) shared their early efforts transitioning MCC teams to tele-health. Elevation Health Partners (EHP) shared valuable tele-health resources and tools.

◆ **July 22, 2020: MCC Promising Practices in Telehealth Integration**

Number of Attendees: 111

Exploration of promising practices and strategies that have been established at community-based organizations; including in person vs. tele-phone or video outreach visits, assessments, and interventions. Teams shared protocols, promising practices, policies, workflows and other tools developed in the wake of the pandemic. Participants also shared their perspectives on the successes and challenges of delivering healthcare “virtually”.

Additional topics and objectives of the meeting included:

- Prioritization of in-person services for MCC teams
- Understanding patient preferences in MCC service modalities
- Strengthening understanding of disparities and equitable care in tele-health HIV services
- Sharing input on evolving solutions for obtaining “virtual” patient consent
- Exploring/compiling promising practices for MCC teams

◆ **August 19, 2020: Patient Perspectives on MCC Telehealth Services**

Number of Attendees: 104

Results from a patient survey were shared with attendees to highlight the patient experience with current MCC tele-health practices. Prioritization of patient preference for in person, telephonic, and video visits was promoted and workflows and practices for how to honor these preferences were explored.

Additional topics and objectives of the meeting included:

- Learn and provide input about the new Ryan White Program-funded Emergency Financial Assistance Program
- Explore the role of health professionals in addressing structural racism and supporting Black lives

MISSION POSSIBLE: WHAT WAS IT ALL ABOUT?

◆ **September 16, 2020: Empathy Training for MCC Telephonic Encounters**

Number of Attendees: 136

EHP provided a training in empathic communication skills tailored for the telephone encounter.

Additional topics and objectives of the meeting included:

- Understanding what empathy in healthcare is and the benefits of listening with empathy
- Becoming familiar with techniques used for listening to underlying feelings, needs and values
- Studying listening, language and tone skills to strengthen connection in telephone interactions with patients
- Feeling more comfortable or confident in engaging patients over the phone

◆ **October 21, 2020: MCC Telephone Workflow: A Deep Dive into MCC Practice**

Number of Attendees: 115

After individual coaching sessions were conducted with EHP and MCC teams at two agencies (AltaMed and AHF), EHP helped produce workflows to describe the teams' work and to share with the larger learning collaborative. This session demonstrated the value of workflow development and allowed for exchange of best practices amongst the teams.

Additional topics and objectives of the meeting included:

- Expanding workflow process knowledge and review tools to help create useful workflows
- Engaging with peers on effective telephone workflow strategies for outreach, initial assessments, and re-assessments among Retention Outreach Specialist (ROS), Medical Care Manager, and Patient Care Manager roles
- Better understanding the needs of ROS and feel more confident in ROS strategies during COVID-19

◆ **November 18, 2020: Closing Celebration**

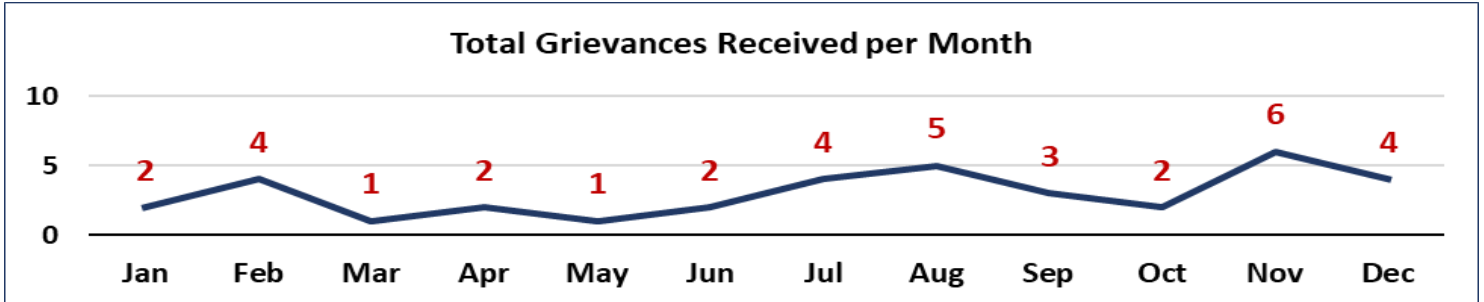
Number of Attendees: 111

To celebrate the end of the Mission Possible Collaborative, EHP led the group through a review of the impact of MCC teams during the pandemic and celebrated their hard work and commitment to PLWH. Also on hand, Raniyah Copeland of the Black AIDS Institute shared strategies for how to end the HIV epidemic in Black communities and how to empower clients to be change agents to end the HIV epidemic in their communities.

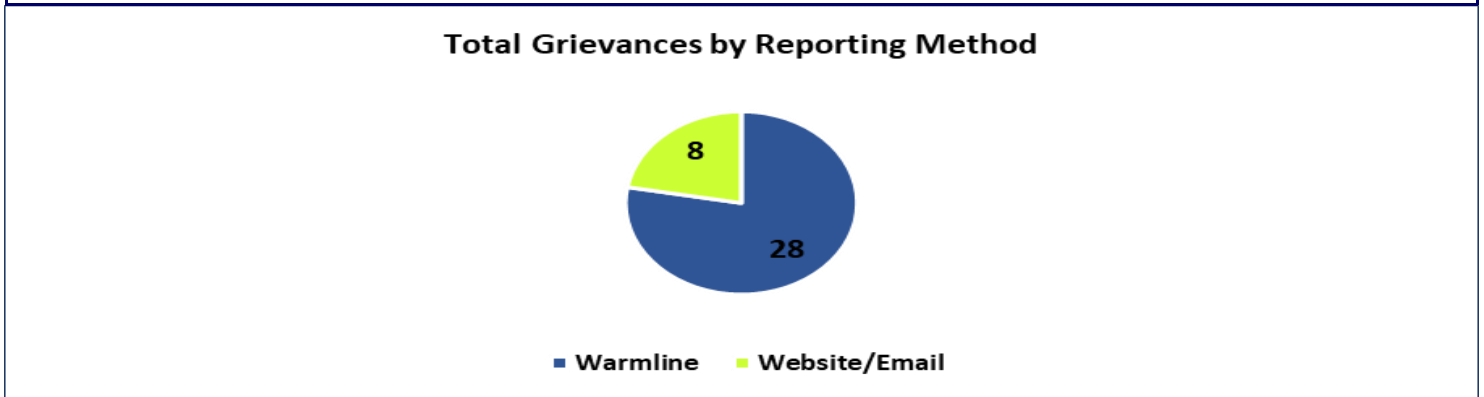


GRIEVANCE MANAGEMENT PROGRAM

The DHSP Grievance Management Program aims to resolve grievances and/or quality of care issues identified at DHSP funded partner organizations. Grievances are received via DHSP’s Grievance WarmLine, website, email or through other agency oversight activities (e.g., contract monitoring) and may include grievances reported by clients, client representatives, agency or DHSP staff, community partners and other stakeholders. DHSP staff work directly with the agency to resolve the grievance through a variety of communication and investigation activities including the development of corrective actions, as appropriate. Every effort is made to resolve grievances within 60 days of receipt.



Grievances Received by Service Category	1Q 20	2Q 20	3Q 20	4Q 20
AOM	3	1	1	2
Substance Abuse	1	1		
RCFCI			1	1
TRCF		2	1	
Mental Health				1
Nutritional Support				1
Unknown/Unstated, Other/Non-jurisdictional	3	1	9	7
Grievances Received by Complaint Category				
Inappropriate/Unprofessional Behavior	1	1	6	4
Substandard Care/Service or Facility		2	2	3
Delayed Care/Service	1	1		2
Denial of Service	2	1		1
Excessive Wait Time	2			
Housing Assistance			2	
Other Assistance Needed, Unknown, Non-jurisdictional	1		2	2



REGIONAL QUALITY UPDATES

WHAT'S UP NEXT?

DHSP is developing plans to participate in CQII's newest national QI learning collaborative, Create+Equity, and will be partnering with RWP partner agencies AltaMed Health Services and AIDS Healthcare Foundation to focus on unstably housed MCC clients.

Los Angeles Regional Quality Group - The Los Angeles Regional Quality Group (RQG) is one of many groups aimed at improving sub-recipient capacity for Clinical Quality Management and committed to furthering the goals and objectives of the Los Angeles County HIV/AIDS Plan (LACHAS) and the national Ending the HIV Epi-demic (EHE) initiative. The RQG is hosted by DHSP and is comprised of one or more staff from RWP-supported HIV care agencies. The RQG meets quarterly to exchange best practices, promote peer learning through sharing of RWP sub-recipient quality initiatives.

Originally an in-person meeting, the group quickly pivoted to a virtual format in response to the COVID-19 pandemic with much of the discussions focused on improving the capacity of RWP sub-recipients to provide care and services using on-line or tele-medicine formats. The group also serves as a forum to share CQM Program updates and activities from CDPH-OA, CARG, and DHSP.

California Regional Group - As part of CQII's End+Disparities ECHO Collaborative, LAC RWP recipients and sub-recipients demonstrated strong involvement in the collaborative to eliminate disparities among highly affected subpopulations: MSM of Color, Youth, Woman of Color, and Transgender Persons. The End+Disparities ECHO Collaborative officially ended in 2019 but California-based participants including DHSP have continued meeting as a regional group, working toward the established viral suppression goals.

Department of Public Health's Performance Counts

During this unprecedented time, the Department of Public Health's (DPH) Performance Counts report has been adjusted to minimize data collection burden on DPH programs. The following data was reported to DPH in November 2020.

Indicators	Actual CY	Actual CY	Actual CY	Projected CY
	2017	2018	2019	2020
% of PLWH who are retained in medical care.	53%	54%	52%	51%
% of PLWH who are virally suppressed.	61%	60%	61%	60%
% of RW PLWH who are retained in medical care.	82.2%	79.1%	78.7%	80%
% of RW PLWH who are virally suppressed.	83.4%	81.6%	82.4%	82.5%

